

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000042181

Entity Name: S & J AVIATION, INC.

FILED  
Apr 04, 2012  
Secretary of State

**Current Principal Place of Business:**

5921 NW 175TH STREET  
UNIT #7  
MIAMI, FL 33015

**New Principal Place of Business:**

5989-A WEST 16TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

PO BOX 278634  
MIRAMAR, FL 33027

**New Mailing Address:**

5989-A WEST 16TH AVE  
HIALEAH, FL 33027

FEI Number: 27-2581211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OCON, MARTHA J  
5989-A WEST 16 AVENUE  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

RIZO, RAMON F  
5989-A WEST 16 AVENUE  
HIALEAH, FL 33012 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAMON F RIZO

04/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIZO, ILEANA D  
Address: 5989-A WEST 16 AVE  
City-St-Zip: HIALEAH, FL 33012

Title: VP  
Name: RIZO, RAMON F  
Address: 5989-A WEST 16 AVE  
City-St-Zip: HIALEAH, FL 33012

Title: TREA  
Name: RIZO, ILEANA D  
Address: 5989-A WEST 16 AVE  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ILEANA D RIZO

P

04/04/2012

Electronic Signature of Signing Officer or Director

Date